

What You Need to Know About Your Newborn

When does my infant need to be seen next?

Unless the doctor discharging your baby instructs you otherwise, the next time that your child needs to be seen by a medical provider is at 2 weeks of life.

You can schedule this appointment in one of two ways.

- 1) You can call the appointment line (458-2000) and ask to schedule a 2 week well child exam, or
- 2) You can schedule your appointment online through the TRICARE website.

You can always be seen sooner if you have concerns.

How do I know if my baby is sick?

Sick babies typically demonstrate signs or symptoms that can be classified into 3 main categories. If you focus on these 3 categories, you will always be able to recognize a sick baby.

1) Interactive abilities (how your child acts and interacts with you?)

Babies under 2 months of age have only 2 main interactive abilities: feeding & crying

Feeding:

- On average a breast feeding infant will eat every 2-3 hours. This amounts to 8-10 feedings in a 24 hour period. The baby receiving formula will normally eat every 3-4 hours, or 7-8 feedings per day.
- It is strongly encouraged that parents try to avoid feeding the baby more than once in 2 hours. Consistently feeding in short intervals can develop a pattern that quickly wears the mother and father out. Also, it is strongly recommended that the time between feedings is not longer than 4 hours during the first 4 weeks of life.
- In summary, if your baby does not wake up on their own to eat in 4 hours, then you should wake your baby up. After the first 48 hours, it should be relatively easy to wake your baby up. If your baby doesn't wake up after reasonable attempts (once a day), it is generally okay to wait another hour or two. However, if your baby refuses to eat after 7-8 hours, even though you tried to feed him, then you should seek medical advice.
- After 4 weeks of life, it is safe to allow your baby to sleep through the night (approximately 8 hours, but most babies will not). Please do not try to make your baby sleep through the night until 4 months.

Crying:

- A baby less than 3 months old is generally considered "inconsolable" if they cry an hour or more, nonstop. It is not necessary to take your child to the Emergency Department after 10-20 minutes of crying, they will just be unnecessarily exposed to infections. If they are still crying after 30-40 minutes, or you can identify a real problem, then a visit to the Emergency Department is more appropriate.
- Crying does not mean that something is wrong, but consulting a provider is appropriate. Colic can start as soon 2 weeks after birth.

2) Fever

Definition:

- Medical professionals consider a fever 100.4 °F (38 °C) or higher. Any temperature under 100.4 is **NOT** a fever, and does not indicate a need for an evaluation. An elevated temperature that is still less than 100.4, such as a temp of 100 °F, may be a reason to monitor the temperature more frequently.
- Any baby less than 3 months with a true fever should be seen **as soon as possible** (even at 3 am). A baby 3 months or older can have a fever and does not need to be evaluated right away, unless you see other symptoms that are concerning to you.
- High fevers don't hurt the children, but they are signs that something causing the fever could hurt them, especially in the newborn.

Taking the Temperature:

- The only acceptable means of measuring a temperature in an infant under 6 months of life is either under the arm or rectally.
- Whatever the thermometer says is **EXACTLY** what your infant's temperature is (**DO NOT add a degree or subtract a degree**). The closest that you can get to the actual core temperature in your infant is by measuring the temperature under the arm or rectally.
- If measuring the temperature rectally:
 - Use a water based lubricant like K-Y Jelly
 - Never use a glass thermometer
 - **NEVER, NEVER** push against resistance (pull it back and re-insert at a different angle)
- Pacifier thermometers or forehead tape thermometers are **NOT** proven to be accurate, please do not use them.
- Ear thermometers are great for older children, but they are difficult to obtain accurate temperatures in infants less than 6 months of age due to their small ear canals.
- A good digital thermometer that you can use under your infant's arm or rectally is really the only thermometer you need.

Your baby had their temperature checked on a regularly while in the hospital. Since he has already proven that he is able to maintain his temperature, you do not need to check it on a regular basis at home. We recommend that you check your infant's temperature:

- When the behavior is not normal (see interactive abilities)
- When the baby feels warm

If you measure a temperature of 100.4 or higher?

- but it is less than 101 °F, then lay your baby away from you in loosely wrapped clothing for 10-15 minutes and re-check the temperature.
- If it is still reading greater than 100.4 °F, then he should be seen as soon as possible. However, if he cools down to below 100.4 °F, then recheck later to confirm that the temperature indeed stayed lower than 100.4 °F.
- If the temperature is greater than 101 °F at anytime less than 3 months, you don't need to recheck, and have your baby seen as soon as possible.

If your baby weighed less than 7 pounds at birth:

- it is really important to make sure that you are taking appropriate precautions to keep your baby warm.
 - If they are stressed (allowed to get too cool for long periods), then they will use up a lot of energy which will affect their weight gain in the early weeks.
 - Don't set your thermostat at home below 73 °F .
 - If you feel comfortable in what you are wearing, then your baby should have at least one more that what you are wearing.
 - The baby can lose a lot of heat from the head. Please use a cap—one or two layers and a cap makes more sense than three layers and no cap.
 - If your baby is sweating, then reduce the layers.

3) Breathing Problems

- There are a lot of normal breathing problems seen in normal healthy newborns. The following tips will make sure that you don't miss a real problem.
- If you have to ask yourself, "Is he having a hard time breathing??" then he is most likely **NOT** having difficulty breathing.
- If you are looking and can tell for sure that he is having a difficult time breathing and it is not stopping, then please have your child seen as soon as possible.
- Newborn babies have a unique pattern of breathing that usually causes many parents some degree of concern. It generally looks like a short period of rapid, short breaths followed by a pause in breathing followed by a return to what appears to be his normal breathing pattern. Pauses for up to 20 seconds can be considered normal.
- Any **long pauses with color changes** is also concerning enough to have your baby re-evaluated.

Summary to identifying a sick baby:

Sick infants will demonstrate symptoms (signs) in the following categories.

- 1) Decreased interactive abilities
- 2) Fever
- 3) Breathing problems.

If you focus on these three categories of symptoms to look for, you will never miss a sick baby that needs to be seen for an illness.

Always wash your hands before holding or touching your infant. Preferably with soap and water, but if more convenient, the waterless, antibacterial hand cleanser is a good substitute.

Try to keep your baby at home as much as possible in the first 2-3 months of life. However, when you go out with him, avoid crowded areas (i.e. church) as much as possible. Crowded areas are unnecessary exposures to viruses/colds.

What About Feedings?

Breast Feeding

- During the first several days of lactation, the milk is actually colostrums, a clear to yellow secretion. This secretion is full of antibodies that provides protection from infections. Although the quantity is small, it is all your baby needs in the first 3-5 days of life.
- With a good latch and continuous suck, the baby can empty up to 90% of the mother's milk within the first 5 minutes. The next 10-15 minutes of breastfeeding is important, it is the "**hind milk**." This "hind milk" is higher in fat content and therefore more calories). This hind milk is what will allow longer times between feeds as your baby gets older. Work to get your infant to stay at the breast with a good latch and continuous suck for at least 10 minutes per a side. During the first week of life, this may work best if a partner is at your side stroking your baby's foot or head, or tickling beneath the chin to encourage continuous sucking. Baby's that feed for shorter times (5-7 minutes total) will typically demand to feed more often due to the fact that he is just "snacking" and not getting all the milk (including the "hind milk").
- Mothers who are exclusively breastfeeding (no formula used to feed the child) should have their milk in by day 5. Most breastfeeding mothers will notice signs of lactation by the end of their 3rd day and beginning of their 4th. Mothers who have C-sections normally lactate a little later than mothers with vaginal deliveries. When a mother begins to lactate, she will typically experience a full feeling in her breast (sometimes a LOT of fullness) and at least some emptying after breastfeeding. A few mothers will actually leak some breastmilk, sometimes this is noticeable when the baby cries. Your breast secretions will now appear creamy white instead of the slightly yellow colostrum. Your infant will begin to have at least 3 wet diapers per 12 hours (do not expect 3 wet diapers/12 hours prior to the 5th day of life). If the diapers appear heavy/full then you may count that as at least 2 wet diapers. Also your infant's stools that have been very sticky and black will become green, then yellow and seedy appearing.
- If the above description of lactation, diapers, and stools are NOT happening by the 5th day of your baby's life, then you should bring him back to the hospital (post-partum ward, ED, or physician's office) so that your baby can be weighed to ensure that he has not lost too much weight.
- Human breastmilk is superior to any other means of feeding a newborn baby. It supplies superior nutritional value and immune protection not offered by formulas or regular milk. It is recommended that children exclusively breastfed be given Vitamin D to prevent Ricketts (a disease of the bone—like osteoporosis). Therefore, as long as you continue to breastfeed your baby in the first year of life, you should give 1 ml of Tri-Vi-Sol a day. Don't worry if you miss a day or so. If your baby is on formula or transitioned to formula, you don't need to continue the vitamin supplements.
- If your baby can't latch due to engorgement of the breasts, then take a very warm shower and express (either manually or with a pump) just enough breastmilk to allow your baby to latch properly. It will likely take 7 to 10 days for your milk supply and your baby's demand to be synchronized. Remember, it is a "supply and demand" process--in other words, your breasts will supply whatever is demanded of them. If you do not plan to store breastmilk for later, then try not to pump too much. Also, be sure to massage your breasts from the outer parts toward the nipple while your baby is feeding. If you feel cord-like tissue, this is potentially a plugged milk duct, and the massaging and your baby's feeding should help to empty the duct. This is important for reducing your potential of mastitis (infection of the breast).
- Your nipples may become sore and cracked. While in the hospital, you should have been given **lanolin cream**. If not, then it is available at most pharmacies. A little bit of lanolin cream goes a long way. Rub a pea-sized amount on each dry nipple after every feed to help w/ nipple soreness. It is not

necessary to wipe the lanolin cream from the nipples prior to feedings. Another good practice is to leave sore and/or cracked nipples open to air as long as possible following feeds. Breast pads should be replaced with every feed as this will decrease the chance of infection/mastitis and will prevent the increased irritation that occurs secondary to moist breast pads. Position changes can also aid in decreasing nipple discomfort (i.e. football hold, cross cradle hold, cradle hold, and side-lying feeding positions). This will allow different areas of the nipples to be used with each feed and may allow sore areas time to heal.

- If you need breast feeding advice or guidance, you may call the Mother/Child Unit @ 458-2662 or 458-2663 and ask for one of the lactation counselors.

Formula Feeding

- Milk-based formulas (i.e. regular formulas) are generally the same. However the Milk-based formulas are superior nutritionally to soy or other alternative formulas and should always be used as the first formula of choice.
- Changing from formula to formula can actually be more distressing to an infant's digestive system than remaining on a formula that a parent "thinks is causing discomfort." Please do NOT change from formula to formula without the direction of a provider familiar with infant care.
- When increasing the amounts that an infant takes per feed, remember to try not to allow him/her to take greater than ~ ounce more than he/she had been typically taking. If an infant gets "greedy" and takes as much as an ounce or more beyond what he/she had been typically taking, this will usually result in much of the "overflow" coming back as a larger spit-up. The typical intake of the average infant will be approximately 15 ounces per day by the end of the first week of life.
- You will NOT need to give your formula-fed infant a multivitamin; vitamin D and other vitamins/minerals are added to formula in the manufacturing process.
- NEVER choose a "low iron" formula as this is a great way to set your infant up for iron deficiency anemia (low red blood cell count). Your infant absolutely needs the iron that the iron fortified formulas will provide. Even if your infant does get truly constipated (see below), it will NOT be from the iron in the formula.
- ALWAYS ensure that you mix the formula just as the can of formula instructs; mixing formula too dilute or concentrated can potentially be a very dangerous thing to do when feeding an infant."

Breastfeeding/Supplementing with Formula

- If you are supplementing your breastfeeding infant with formula; breastfeed prior to supplementing with formula. This will help to prevent your milk from coming in later than expected. After your breast milk comes in, it would be okay to substitute a formula feed for a breastfeed.
- An infant who is breastfeeding and supplementing will generally feed every 3 – 4 hours on average (7 - 8 feedings per day).
 - please note the advice above in the formula feeding section regarding increasing formula feedings volume.
- As with exclusive formula feeding infants, if your infant is receiving any formula on a regular, consistent basis, you will NOT need to supplement with a multivitamin there is adequate vitamin D in the formula.

Solids and Water

- Unless a physician instructs you otherwise, do not feed your infant solids, cereals or otherwise, until at least 4 months of life.
- You should start solids before 6 months. The reasoning behind these recommendations is that recent literature suggests that infants exposed to solids too early (before 4 months of life) or too late (after 6 months of life) are at increased risk for food allergies/sensitivities later in life.
- Even if a doctor recommends to you that your infant should receive plain water (in other words with no formula mixed in), you should NOT do this. Giving a baby plain water, especially before the age of 6 months, can be extremely dangerous.
 - Dilute fluid (water) could cause your infant to drop their sodium levels in the blood to such dangerously low levels that he/she could have seizures.
- The only liquid for hydration your infant needs is breastmilk or formula.
- Pedialyte is the only other liquid that you should consider giving your baby (never as a replacement for breast milk or formula)
 - Pedialyte should only be used temporarily until you can get more advice from your physician.

What Do I Need to Know About Spit-Ups?

*There are only 3 categories regarding significant spit-ups

1) Abnormal Colors

- bright red color (as in blood)-- this should be evaluated promptly.
- deep green color (i.e. deep green like the color like the Amy's BDU's). It may indicate intestinal obstruction, a surgical emergency.

2) Abnormal Behaviors: a lot of fussiness, or an inconsolable infant seen with the vomiting should be evaluated, not really an emergency.

3) Large volumes

- Large Volumes--Many parents will try to estimate in ounces how much their infant spits up, however it is impossible for anyone, regardless of experience, to estimate in ounces how much an infant spit-up, and yes, studies have shown this to be true.
- Projectile vomiting: one person's opinion of a projectile vomit may not be another's. So I want you to simply decide, is the spit-up a large volume or not. If your infant is having significant "projectile vomiting," you will not miss it by focusing on volume alone, because significant projectile vomiting will be very large volumes as well.
- A large volume of spit-up will "spill off of your infant, off of you, and onto the floor to form a puddle of softball size or larger."
- If a large volume like this occurs once or less a day, then please do not worry about it; almost all infants will have a large spit-up from time to time.
- If large volumes occur over and over during the course of a day, then use the following principles to help you know when to see the doctor.

1) How many wet diapers were there in the past 12 hours?"

- As long as you can count at least 3 wet diapers in the past 12 hours, then your baby is keeping in enough fluid to maintain adequate hydration. Therefore, this vomiting is NOT an emergency, and does NOT need to be seen in the Emergency Department.
- Remember, I do not expect at least 3 wet diapers until your infant is at least 5 days old. Also count heavy, wet diapers as at least 2 wet diapers.

2) If your infant continues to have repetitive large volume of spit-ups, then continue to monitor/count your infant's number of wet diapers every 12 hours

- If the number drops below 3 wet Diapers in a 12 hour period, then you should be seen sooner rather than later
- Plan to have baby weighed in their Primary Care Manager's clinic within the next 4-5 days; make sure it is a naked weight
- If your infant is gaining weight adequately, then he/she is also keeping in enough to grow as expected as well as enough to remain adequately hydrated. The vast majority of these infants are simply infants that reflux more than others. Sometimes they require medications or further evaluation, but generally they will simply grow out of this problem with age.

What About Stools?

- Every infant will generally stool (poop) multiple times a day in the first 4 - 6 weeks of life (especially for breastfed infants after the breast milk comes in), however generally around the 4th - 6th week of life, the number generally decreases to 2 -3 per day on average.
- Occasionally some infants (especially breastfed infants) will stool every other day. Even more rare, but normal, is a bowel movement every 4th -5th day.
 - If everything about your infant appears the same as before the change is normal
 - If it is "toothpaste soft" or softer, then your infant is NOT constipated. Constipation in an

infant is indicated by hard, rubbery, rocky, or pebble-like consistency of the stool on a more than just occasional episode. If your infant has stools like this, then you should discuss this with his/her doctor.

- ✖ If your infant is stooling 2 - 3 times a day, and all of the sudden goes 2 - 3 days without a stool; the belly appears really distended; and spitting up more than usual, this is different and **should be evaluated**.
- The ONLY abnormal stool colors:
 - 1) Bright red (as in blood)
 - 2) Black and tarry (NOT the dark green, very sticky stools your infant had in the first 3 - 5 days of life)
 - 3) Chalky white.
- Any other colors are variants of normal and are NOT concerning.

What is Jaundice and When Should I Worry About It?

- Jaundice occurs in as many as 50 - 60% of all infants in the first 1 - 2 weeks of life.
 - It is a yellow color which is apparent in the whites of the eyes and the skin.
 - It is caused by bilirubin, a breakdown product of red blood cells.
- All infants are born with more red blood cells than they need on the outside; Red blood cells carry oxygen to the tissues).
 - The extra red blood cells were necessary to “steal” oxygen from the mother’s placenta.
 - As these excess red blood cells break down, one of the breakdown products produced is bilirubin.
 - One of the liver's jobs is to take this bilirubin and process it so it can be moved into the gut and removed in the stool (that’s what makes poop brown).
 - The baby’s liver is a little slow, so jaundice is typically in all newborn infants to some degree. Interestingly, the yellow discoloration starts at the head and moves toward the feet.
- Typically one of the first places that parents will notice this yellow color is in the whites of the infant's eyes. Unless the yellow falls below the hips of your baby, then it is likely a safe level.
- If it is just the whites of the eyes or the face that appear yellow, then DO NOT worry it is mild jaundice.
- Check the color of the skin in natural sunlight; light bulbs and the reflection off of walls can distort the true color.
- Since the foot is the last place to turn color, you can pull the foot up to the belly to see where the yellow skin ends.
- Breastfed babies tend to have higher levels of bilirubin
- Usually babies with high bilirubin levels are really sleepy and have difficulty finishing their meals because they fall asleep a lot. Also, there are fewer wet diapers.
- There are many other reasons the bilirubin can rise, if there are no other reasons, it typically stops rising by day 5.

Circumcision Care

- If your son was circumcised by the "plasti-bell technique," then you simply need to drip warm water over the penis 3 - 4 times per day. DO NOT put Vaseline, bacitracin, or other antibiotic ointment on the penis; it will potentially slow the release of the ring from his circumcision site. The ring will separate and fall off on its own as the circumcision heals (usually by 7 - 10 days following the circumcision). If the ring does NOT appear to be separating at all by 10 days after the circumcision, then have him seen to ensure that there are no problems with his circumcision.
- If your son was circumcised by means other than "plasti-bell," then you will place Vaseline or antibiotic ointment on his circumcision site 3 - 4 times daily until his circumcision appears healed.

Miscellaneous

- Do not immerse your infant in water for a bath until after the belly button stump and (if
- Circumcised his plasti-bell ring) have fallen off. Until then you may sponge bath your infant no more often than every 2 - 3 days.
- If using a cleanser, use a fragrance free soap if possible. Cetaphil cleanser is a good hypoallergenic "soap" that you may use; it will NOT lather no matter how much you use.
- Early on in your infant's life it is better to use warm water only.
- Clean with alcohol deep in the belly button area 3 - 4 times per day only.
- Your infant most likely will NOT need a moisturizer, however if you decide to use a moisturizer, it needs to be fragrance free and preferably is a cream rather than a lotion. Eucerin cream or Cetaphil moisturizing cream are two acceptable moisturizing creams
- Do NOT trim your infant's fingernails/toenails with scissors or nail clippers. You will be very likely to cut his/her fingers/toes. Instead use a fine grit nail file to smooth and shape the edges.
- You may use baby gas drops that contain simethicone only (for example Myelcon drops). Homeopathic medications for gas, teething, etc. should be shown to a physician for approval before giving them to your infant.

Do NOT Forget to Take Care of Yourselfes

- For the mothers--remember to look out for signs of **postpartum depression**
 - Sadness
 - Emotional lability (easily irritable or crying easy)
 - Anxiety
 - Insomnia—can't sleep
 - Increased sleep.
- If you can't explain your emotions or how you feel by other circumstances, then you should seek care from your doctor regarding these difficulties.
- Sleep when your baby sleeps. You will need your rest too regardless of what time of day it is.
- Encourage friends and family to visit during your infant's awake times.
- Allow friends and family to pamper you and help with chores around the house in order to aid in allowing you to get the rest you need.
- Be sure to eat a balanced meal and if breastfeeding snack several times throughout the day. You are NOT eating for two, but you will need to keep your energy up.